

Crematory Name
Crematory License #
Crematory Address
Crematory Phone Number

Cremation Authorization and Disposition Form

Funeral Home: _____ Funeral Home address: _____

FDIC Name & License #: _____

Decedent: Jane Doe

Date of Death: 03/21/21

Time of Death: 2:00 pm

Authorizing Agent: Kim Jones

Relationship to Decedent: Sister

I, Kim Jones (authorizing agent), state that I have the right to authorize the cremation of Jane Doe (decedent), and I am not aware of any person with a superior or equal priority right; or if another person has an equal priority right to authorize cremation, I have made all reasonable efforts but failed to contact that person and I believe the person would not object to the cremation; and I agree to indemnify and hold harmless the funeral establishment and the crematory establishment for any liability arising from performing the cremation without the person's authorization. I authorize the crematory establishment to cremate the deceased remains of (Jane Doe) decedent.

The deceased human remains do X (describe the implant/material: bladder pacemaker) or do not contain a pacemaker or any other material or implant that may potentially be hazardous or cause damage to the cremation chamber or the person performing the cremation.

I authorize the release of the cremated remains to Kim Jones or Bob Jones or,

I authorize shipment of the cremated remains to name at address

The manner of final disposition for the cremated remains is: interment spreading retention at home unknown X.

The following items will be delivered to the crematory with Jane Doe:

one black wig, one red dress, one pair red shoes, one red bra, one white underwear, one red slip, one letter, one black and white photo.

Instructions for the handling of items delivered to the crematory with Jane Doe:

cremate all items noted above.

Viewing/service with decedent viewed (date 3/23/21)(time) 5 pm.

The authorizing agent declines to identify the decedent and authorizes the funeral home to perform an "id view" in their stead. (authorizing agent signature)

Identification performed on (date) by (Ms. Funeral Director) with the use of (photo provided by family).

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The authorizing agent (Kim Jones) assumes responsibility for the disposition of the cremated remains and the crematory establishment may: a- release to the authorizing agent, in person, the cremated remains of the deceased person; b- ship the cremated remains to the authorizing agent if the agent authorizes shipment and provides a shipping address on the authorization form; or c- dispose of the cremated remains not earlier than the 121st day following the date of cremation, in accordance with Health & Safety Code Chapter 716, if the cremated remains have not been claimed by the authorizing agent.

I Kim Jones (authorizing agent) attest to the accuracy of all representations contained on this cremation authorization form.

Authorizing Agent: print _____

Funeral Director: print _____

Signature: _____

License number: _____

Date: _____

Signature _____

Date: _____